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Eighteenth Annual Report  
*of the*  
ALLENTOWN STATE  
HOSPITAL  
(HOMOEOPATHIC STATE HOSPITAL)

BY

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## **EIGHTEENTH ANNUAL REPORT OF THE ALLENTOWN STATE HOSPITAL**

BY HENRY I. KLOPP, M.D., F.A.C.P., SUPERINTENDENT

THE Eighteenth Annual Report of the Allentown State Hospital (Homeopathic State Hospital) to the Homeopathic Medical Society of the State of Pennsylvania, statistically covering the period from June 1, 1929 to May 31, 1930, is hereby respectfully submitted.

We will endeavor to emphasize in this report, the professional work of the hospital in accordance with the following sub-divisions:

A. Opening of the Mental Health Institute for Children: Its Development and Activities.

B. Medical Staff Conferences.

C. Study of Special Types of Cases and Treatments.

D. Treatment of Neuro-Syphilis.

E. Homeopathic Prescriptions.

F. Activities of the Roentgen and Physical Therapy Department.

G. Surgical Operations.

H. Pathological Laboratory.

I. Movement of Population.

We are happy to report that we have attained our goal and accomplished one of our ideals in accordance with our recommendation in our biennial report to the Department of Welfare, Bureau of Mental Health, in June, 1926, relative to the proper segregation of children under sixteen years of age for observation, diagnosis and treatment of conduct disorder cases.

On January 1, 1930, we officially opened our Mental Health Institute for Children, a specially designed building forming the fifth division of the hospital. This constitutes the development of a distinct departure from State Hospital medical activities in the care and treatment of mental and borderline diseases in children. The building has adequate and suitable accommodations including equipment for medical and nursing care, for school, occupational therapy, music, gymnasium and playground activities. It consists of two stories and

a semi-basement with accommodations for sixty (60) children and was planned not only for sanitation, ventilation, light and other health features, as well as fire protection, but also with the idea of assuring the greatest administrative efficiency in the care and treatment of children as patients, their protection under all circumstances, reception of visitors and ease in handling the many problems confronting the physicians, nurses, attendants, school teachers, musical and physical educational instructors.

The first two floors of the building are almost exact duplicates, the upper is occupied by boys, the lower by girls. An examination and treatment room, which adjoins each physician's office, is furnished with all necessary equipment for examination as well as for routine and emergency treatment. Each floor has a modern equipped schoolroom of twenty-five (25) Universal desks. These are movable, and the seats and desks can be adjusted to the size of the child. Adjoining the school is a room devoted to musical instruction. Music receives special attention and daily classes are a part of the regular school program. Each floor has one eight-bed dormitory; four four-bed dormitories and one single room for observation purposes; along the full length of the south side of the building is a combination seven-bed open-air sleeping and recreation porch, separated by a cubicle partition. There are two day-rooms attractively furnished where the children can be grouped for reading, for the playing of quiet games or to listen to piano selections or radio programs. The sleeping dormitories and day-rooms respectively provide fifty (50) square feet per patient. Concealed lights in the walls give necessary illumination at night. The color scheme predominating throughout is silver grey and green.

The special treatment facilities consist of a heliotherapy room for each floor with Vita-glass windows and equipped with ultra-violet and diathermy apparatus. Two continuous flowing neutral-bath treatment tubs, Leonard-Rooke thermostatic-controlled, and special divisions for bathing purposes are provided. The first floor differs from the second in having a complete hydrotherapy unit controlled by a Baruch table. It also contains a shampoo table with equipment.

In the semi-basement, there are two well-equipped occupational therapy rooms and a full-size gymnasium completely

equipped, surrounded on three sides by a balcony and passageway. This floor also contains the required dining, serving and dishwashing rooms. To the rear of the building is a wide plot of ground for playground purposes. Suitable apparatus has been provided, including provision for volley-ball, croquet and other recreational features. This work is under the direction of a trained physical director.

The opening of the Health Institute for Children offered many administrative problems for the medical and nursing staff, in the development of a satisfactory personnel organization. Each child admitted to the Institute must be studied and treated as an individual, as has always been our practice with adult patients and not upon the herd or group basis. Each child requires careful investigation to discover the causative factors among which may be heredity, environment, either home or associations or both, poor intellectual equipment, physical ill health, emotional abnormalities such as impulsive outbursts, conduct disorders and various other factors. Our problem is not only to make a proper adjustment in the child, but also of the home and parents, as well as the schools through our Social Service Department. We have reasons to expect that a good number will become respectable, self-supporting, law-abiding citizens.

The boys and girls who have been sent to us for observation, diagnosis and treatment, for the most part, are apparently happy in their new surroundings and many of them have made a very good adjustment, whereas formerly, either in their own homes or in the public schools, they have been great problems for their parents or teachers, or both, to handle. Those who have come from foster homes where they have not been properly understood also make a good adjustment.

We are convinced that the secret of some of our success is due to the fact that we endeavor to keep the child's mind occupied by systematically planning each day with normal activities by various means such as attendance at school, occupational therapy classes, musical and dramatic activities and physical education. This, in a large measure, is under the direction of the occupational therapy director; the school work is coordinated and cooperation is brought about with the occupational therapy, music and dramatics, and physical education departments. Under the latter, we stress particularly folk



dances, rhythmic and esthetic movements, drills, marches, games rather than calisthenics except for corrective gymnastics. A schedule has been worked out by these departments so that each group is reached by the respective institute activities. This program has proved most satisfactory and is dovetailed that no time is lost and close touch can be kept by the coordinating director of what is going on hourly each day in all departments. A daily schedule is necessary in a school for problem children to make for seriousness, ease and order. The program includes every subject every day rather than several times a week. With this type of child the teacher found it better to have shorter class periods and shorter assignments and have each subject every day. Fifteen minutes is given to the preparation of the subject and fifteen minutes to the discussion of it. One section prepares its lesson while the other discusses it. Fifteen minutes each morning is given to reading newspapers and discussing current events, radio news, etc.

A thorough study is made of each child upon entering school and every effort is put forth to correct, when present, mental retardation. Such children are given very elementary work until they have confidence in themselves; then with a series of successes behind them, they are ready to master something new and more difficult. With those who are older and just learning to read, a correlation of subjects works out well. The children attend academic school only half days; the other half is devoted to other activities of the institute. During the school hours, straight academic subjects are taught. In this way the children are brought up to an even grade and prepared to enter a definite grade when returned home by the hospital with as little loss of time as possible. Definite progress has been made. The final examinations were the same as those given in the Allentown public schools.

On account of the wide range of chronological and mental ages and intelligence quotients, namely, 6 years to 15 years with mental ages as low as three years, ten months to fourteen years, ten months or an average mental age of 9.6 years, lowest intelligence quotient 47, highest 104 or an average of 76.9, individual instruction has been the best method of teaching this particular group of problem children. With these different types there must be changes to suit their emotional moods and to hold their interest and attention. Punishment in the major-

ity of cases does more harm than good; kindness and understanding, balanced with kindly discipline and orderliness, help a great deal in handling this type of cases. The improvement, as result of academic school work, in accordance with the viewpoint of one of the teachers, "Which will be of most value to the child itself and to those who come in contact with the boy or girl, is not the mere facts which the pupil obtains from text-books, but the great change in their attitude, effort and behavior. At the beginning of the past school year it was almost impossible to get a pupil to learn a lesson willingly. The general attitude was one of defiance. Gradually the attitude and behavior changed so that the children developed a keen interest in all their work." Another of the teachers who teaches the older boys made the following statement: "There is one thing that the entire group has learned that has pleased the teacher very much and that is to carry on conversation, have arguments and exchange opinions in class about school-work without hearing, 'Aw shut up' and much worse as was the case at the beginning of the term. In fact, we have been able to conduct school just like any other school."

The children also have time for play, with out-of-door recreation and work in the garden during Summer months. Some of the things we try to emphasize in the patient is a correct attitude towards those in charge, especially good manners, neatness and tidiness about their personal appearance and habits; stressing self-control, courage, self-sacrifice, loyalty, honesty, unselfishness, fair play, as well as charitableness and kindness towards his fellow patients. Teaching children how to usefully apply their hands is a very important part of their education and training. The boys work with looms, hammer and saw, and paint brush. The girls do needlework, are taught to operate a sewing machine and learn to make dresses and undergarments.

The music and dramatic activities are beneficial to these children. They are being taught to appreciate some of the refined things in life. It is gratifying to see their interest in this work. A rhythmic band was organized in January, 1930, in the primary department. This band at first played by rote; now they play from a picture score, which demands absolute concentration. The children have developed an excellent sense of rhythm from the band work and thoroughly enjoy it. With-

in the school year, beginning with September, 1929, the girls' chorus in the sight reading class learned to read one part or unison music quickly and intelligently. In January, 1930, they were reading two-part music with some difficulty. At the close of the school year, they were able to read three-part music intelligently. The children have had the pleasure of listening, as a class, to Dr. Walter Damrosch in his appreciation talks to the school children of this country. The majority listened intelligently and with keen enjoyment. Each program was discussed by the director of music in the regular appreciation class which averaged forty-five in number.

The work of the Institute for Children has increased very materially and there is a constant demand made upon us for the admission of children under sixteen years of age through parents, guardians and various welfare and social service agencies in addition to those sent us by the juvenile courts, so that we are in urgent need of a second building so as to have the present one for boys and the duplicate for girls. In support of the foregoing, we had in the hospital, January 1, 1930, at the time of opening the institute, 85 children, 42 boys and 43 girls; June 1, 1930, we had 92 children, 50 boys and 42 girls, with a capacity of 60 beds.

There were admitted within the hospital year, 50 children under sixteen years of age, an increase of seven over the previous year. This number would have been larger had it been possible to grant all requests. Of the 50 admissions only 20 were placed on our records as with psychosis (actual mental disease); 11 of these were diagnosed post encephalitis, 3 epilepsy, 1 juvenile general paresis, 3 dementia praecox, catatonic type, 2 mental deficiency. Three (3) were recorded undiagnosed. Twenty-seven, or 50.4 per cent. were entered on our records without psychosis (no mental disease), of these 11 were cases of mental deficiency, 3 borderline mental deficiency, 7 environmental problem cases, 2 psychopathic personality, 1 delinquency, 1 epilepsy, 2 no designation. As a predisposing factor, heredity was reported in 18 cases, father in 3, mother in 10, others in 5. Intemperance in the father in 7, in the mother, 1. There were 3 boys and 6 girls who manifested sex offenses; at the time of admission, 6 were reported incorrigible, 3 given to larceny and 5 delinquencies. Within the hospital year, 12 children were absent from the hospital on fur-



lough and 4 were discharged from the records. On September 1, 1930, our records showed 28 on furlough under our social service supervision, 22 boys and 6 girls. Eleven (11) were placed in the public schools, 29 were admitted upon court order from the following counties: Berks, Lehigh, Northampton, Bucks, Philadelphia, Blair, Franklin, Erie, Lebanon, Luzerne, Dauphin, Delaware and Wayne. Nine of these counties were outside of our hospital district.

*Medical Staff Conferences*, which are held daily other than Sundays and holidays are of decided importance to the medical staff and particularly so to the patient from the standpoint of proper interpretation and treatment of each case admitted to the hospital. The re-examination of patients is of equal importance in order to determine their progress from the standpoint of their leaving the hospital; the making of reports to the courts of cases committed for observation, diagnosis and treatment; satisfying patients as well as relatives when demands of such nature are made for their removal from the hospital when not well enough to do so. These meetings average an hour and a half each morning. We examined 524 new cases, re-examined 191 patients, presented reviews of literature and reports of attendance at medical society meetings, fifty times during the past year.

*Study of Special Group Types of Cases and Treatment.* I desire to give commendation to the members of the medical staff, particularly those connected with the prolonged men's and women's services, for their interest in the study of special group types of patients, particularly that of treatment and to give assurance of encouragement for a continuance of same.

It is an interesting fact that what may bring about a decided improvement and even recovery in one patient will prove of no benefit whatsoever in another case. This proves the importance of studying each patient as an individual; in other words, individualization, and the fallacy of empiricism and routinism in the outlining of treatment, both for mental and physical ills. This has been proved time and again in the prescribing of the homeopathic remedy. It is necessary to study the totality of the symptoms and find the indicated remedy in order to obtain results. These studies consisted in the use of autohemotherapy, pyretotherapy, stupor therapy, anaphylactic therapy and psychotherapy and research in schizophrenia, con-

vulsive disorders, malnutrition, tuberculosis prevention and treatment.

The method of *autohemotherapy* includes the removal of 10 c.c. of blood from the brachial vein and the immediate injection of this blood into the gluteal musculature of the same individual. This has been used in a number of carbuncles, furuncles as well as in selected cases of neurosyphilis and anemia with beneficial effect of the organism's resistance in cases suffering from the foregoing conditions. In anemias, there was no clinical improvement nor demonstrable influence on the blood picture even after many such injections. In one case of deep-seated facial acne of long standing, there was a gratifying improvement when the blood injections were combined with intradermal and intramuscular administration of sterile milk.

*Pyretotherapy*, or the use of various protein preparations, as has been pointed out, has been used in neuro-syphilis, also in multiple sclerosis, and in convulsive states. In a group of 16 epileptics, Dr. E. Buchman of the staff induced a sequence of artificial fever paroxysms of two or three days' intervals. In two patients, there was a marked decrease of the frequency and intensity of the seizures. In status epilepticus, intravenous injections of hypertonic solutions of glucose was tried, also that of sodium amytol (Eli Lilly & Company). Dr. Roy W. Goshorn made studies of three groups, 6 each, of epileptics. The first were given belladonna 30x hyperdermatically in sterile water; the second were given typhoid vaccine intravenously and the third group were placed in bed with a reduction of fluid intake. In all cases after two weeks there was a reduction of the number of convulsions, especially in the typhoid vaccine cases.

In cases of marked *malnutrition*, insulin has been used. Injections of insulin were followed by an adequate intake of sugar in the form of a lemonade with no other change in diet. Seven cases were thus treated; 372 injections of insulin were given and patients' weights were recorded daily. All of these patients gained in weight, their appetites improved markedly and some showed improvement in their mental condition.

The clinical syndrome of *stupor* in the catatonic types of schizophrenia, so inaccessible to routine therapeutic procedures, has received special attention on the part of two members of

the staff. It was found that interruption of the stupor stage could be brought about fairly regularly by three methods:

- (1) Prolonged therapeutic suggestions.
- (2) Intravenous injections of relatively heavy doses of streptococcus vaccine (Coley).
- (3) Inhalation of certain gas mixtures, carbon dioxide-oxygen (Lorenz-Loevenhart).

Eye, ear, nose and throat clinics are held weekly for eye-ground study and correction of errors of refraction. In the other fields, cases are examined to diagnose and remove focal infections when present.

*Treatment of Neurosyphilis.*—All patients who give evidence of clinical or serological manifestations of syphilis of the central nervous system receive specific treatment. The majority of cases are given sulpharsphenamine and mercury salicylate intramuscularly. The results seem to be just as good, or possibly better than with intravenous injections. In a certain percentage of our luetic cases, the injection of mercurials and arsenicals was combined with weekly drainage of the spinal fluid. While no undesirable effect was observed by the members of the medical staff using this procedure, they were unable to state that the patients so treated derived any definite benefit from it. Occasionally intravenous injections of arsphenamine have been combined with spinal drainage.

Intraspinal injections of salvarsanized serum, according to Swift and Ellis, have been given an extensive trial in a number of selected cases of paresis. The staff has not so far been able to observe that this method has any definite advantage over the intravenous or intramuscular injections of antiluetic drugs. Tryparsamide has also been used. When this form of the arsenicals has been given, ophthalmological examinations were made weekly so as to observe the first indications, if any should develop, of injury to the optic nerve. No unfavorable results have been seen.

A greater number of the neurosyphilitic patients received also some non-specific *pyretotherapy* treatment. In doing so, an attempt has been made to replace the effective but dangerous malarial therapy of Von Wagner-Jauregg by intramuscular, intravenous and intraspinal injections of measured quantities of various protein mixtures. The ingredients most extensively used were hemolyzed patients' own blood, typhoid

vaccine, streptococcus vaccine (Coley's fluid), horse serum and sterile milk. The records of the men's prolonged service show that fifty patients received a total of 821 intravenous injections of typhoid vaccine. In this field, the technic as outlined by Kunde, Hall and Gerty in the *Journal A. M. A.*, Vol. 89, No. 16, was carefully followed. The use of Coley's fluid in a deeply stuporous paretic, by Dr. Karl H. Langenstrass of the medical staff, led to the discovery of the therapeutic value of this vaccine in symptomatic stupor.

It has been the experience of a few of the members of the staff, that the persistent fight against the luetic infection by a diversity of methods, produces marked clinical improvement in the average patient, that it brings a fairly parallel reduction of the serological manifestations. Decrepit and bed-ridden paretics have become a rarity, in comparison with the past, on our wards. Neither in the so-called specific nor in the non-specific treatment of syphilis have any undesirable or harmful after-effects been observed during the past biennium.

*Homeopathic Prescriptions.*—In comparing one year's prescriptions of the single homeopathic remedies prescribed within the hospital fiscal year with that of fifteen years ago, we find that in 1915, we reported 149 single homeopathic remedies had been prescribed; that 2901 prescriptions had been made and approximately 1700 refills; we listed 50 remedies most frequently given, the frequency ranging from 235 to 10 prescriptions for each drug.

A statistical study of the single homeopathic remedies prescribed from June 1, 1929, to May 31, 1930, shows a total of 150 different drugs; 4730 prescriptions were made and 9444 refill prescriptions. These figures also include employees. The frequency of 50 remedies most frequently prescribed, ranged from 276 to 11 prescriptions for each drug.

The average population for the hospital year ending May 31, 1915, was 969.14; on furlough, 52.12; for the year ending May 31, 1930, average population was 1359.37; on furlough, 310.82.

The activities of the *Roentgen and Physical Therapy Department*, under Dr. Harry F. Hoffman, Assistant Superintendent and Clinical Director in Charge, has increased, due to the addition of a second technician in January, 1930, at the time of the opening of the institute for boys and girls. The



physical equipment for electro-therapy has been much improved through the securing of additional equipment, such as high frequency, ultra-violet, zoalite and sinusoidal apparatus. The acquisition of a dental X-ray machine has made it possible to improve the character of dental radiographic work.

The following is a physiotherapy report summary of the treatment and diagnostic activities :

#### JUNE 1, 1929, TO JUNE 1, 1930

Auto-condensations .....	379
Diathermy .....	1338
Galvanism .....	25
High Frequency N. V. E. ....	254
High Frequency Spray .....	111
High Frequency Surgery .....	14
Ionizations .....	22
Nagleschmidt .....	8
Sinusoidals .....	341
Ultra-Violet .....	4371
Ultra-Violet, Water Cooled .....	286
Vibrator .....	65
1000-Watt Light .....	76
Zoalite .....	553
Total .....	7843

#### ROENTGEN REPORT

June 1, 1929, to June 1, 1930

Abdomen .....	22	Hips .....	4
Ankle .....	2	Hand .....	28
Arm .....	23	Kidneys .....	10
Chest .....	142	Knee .....	3
Dentals .....	241	Leg .....	5
Ear .....	1	Mastoid .....	3
Elbow .....	6	Nose .....	1
Foot .....	16	Pelvis .....	4
Gall-bladder .....	6	Shoulders .....	11
Gastro-intestinal .....	21	Spine .....	5
Head .....	31	Wrist .....	8

Total X-rays ..... 603

Fluoroscopic .....	58
X-ray Treatments .....	113

*Surgical Operations* during the year numbered 21; of these, 14 were done by Dr. Charles B. Hollis, Attending Laryngologist, consisting of 13 tonsillectomies; 2 of these were combined with adenoidectomies and one submucous resection. Dr. Frank Bristol, Attending Surgeon, operated upon six cases consisting of two hysterectomies and two herniotomies, one herniotomy plus appendectomy and one removal of foreign body. All the operative cases progressed well, no fatalities or complications ensuing.

*Pathological Laboratory.*—Taking into account that within the fiscal year ended May 31, 1930—12,437 examinations were made, the importance of the pathological laboratory can readily be recognized both from a diagnostic and treatment standpoint, particularly for the correct interpretation of symptoms manifested, likewise as a factor in outlining the treatment of our patients and in knowing whether they are progressing satisfactorily. These examinations include animal inoculations, bacteriological examinations, blood chemistry, cultures, counts, smears, routine Kahn and Wassermann tests. Likewise spinal fluid cell count, Wassermann, Kahn and colloidal curve; in addition to this, the regular daily routine required of a laboratory.

To the blood chemistry routine there was added the determination of uric acid and the carbon dioxide combining power of the blood as determined by the Van Slyke apparatus. To the routine examination of the spinal fluid there was added the Kahn flocculation test for syphilis.

In addition to doing routine Schick tests as a result of our having 25 cases of scarlet fever from January 1, 1930, to May 24, 1930, patients and employes were given a Dick test. This has been added to the routine work on new patients following admission. In addition to the Dick test, routine throat cultures were made. At the same time we had 25 suspect cases. These had sore throat with positive streptococcic haemolyticus throat cultures, the same as the scarlet fever cases; however, they did not have the rash. All the cases were of a mild type and made a good recovery. None of the scarlet fever nor sore throat cases were released from quarantine until there were three negative tests. A paper by Dr. Roy W. Goshorn, of the hospital staff, "Facts Pertaining to the 1930 Scarlet Fever Epidemic at the Allentown State Hospital," contains the details.

Postmortem examinations were performed on 26 cases, which is 18 per cent. of the total deaths as compared with 27 per cent. the year before.

The following is a summary of the type of examinations:

June 1, 1929, to May 31, 1930

Animal Inoculation . . .	5	Dark Field Illumina-	
Autopsies . . . . .	26	tion . . . . .	1
Bacterial Examinations:		Feces . . . . .	6
Cultures . . . . .	425	Gastric Analysis . . . . .	11
Smears . . . . .	969	Hemoclastic Test . . . . .	1
Vaccine, Autogenous	1	Milk Count . . . . .	12
Blood:		Water Count . . . . .	12
Cultures . . . . .	94	Sections:	
Chemistry:		Frozen . . . . .	269
Non-Protein Nitro-		Paraffin . . . . .	526
gen . . . . .	49	Sputum . . . . .	78
Sugar . . . . .	71	Antiformin . . . . .	2
Urea Nitrogen . . . . .	45	Typing:	
Uric Acid . . . . .	32	Blood . . . . .	3
Creatinin . . . . .	34	Pneumococcus . . . . .	3
Cholesterol . . . . .	0	Pleural Fluid . . . . .	9
Chlorides . . . . .	24	Urine:	
Sedimentation Test..	2	Routine . . . . .	1917
Total Proteins . . . . .	1	Albumin, quantitative	5
Carbon Dioxide Com-		Chlorides . . . . .	1
bining Power . . . . .	3	Cultures . . . . .	11
Serum for Swift Ellis	11	Osazone Test . . . . .	39
Van den Bergh . . . . .	1	Renal Function Test..	1
Counts . . . . .	604	Sugar, quantitative..	35
Kahn . . . . .	647	Ward Work:	
Smear . . . . .	677	Dick Tests . . . . .	1605
Wassermann . . . . .	678	Schick Tests . . . . .	556
Widal . . . . .	7	Toxin-Antitoxin in-	
Cerebro-Spinal Fluid:		oculations . . . . .	276
Routine Examina-		Smallpox Vaccinations	254
tions . . . . .	204	Typhoid Inoculations	404
Colloidal Curve . . . . .	283	Spinal Punctures . . .	289
Wassermann . . . . .	286	Venipunctures . . . . .	836
Kahn . . . . .	98	Total . . . . .	12,437

*Movement of Population.*—During the hospital year ended May 31, 1930, we had 458 first admissions, 264 men, 197 women; in addition, there were 57 re-admissions, respectively, 25 and 32, and 8 transfers, 4 each from other institutions, making a total admission of 523, consisting of 293 men and 230 women. On the last day of the hospital year the population was 1397—men 721, women 676, with 321 on furlough. The total number under treatment was 2181. The average of those on furlough for the year was 310.82, and using either of these figures, the percentages upon the basis of the number in the hospital was 23 per cent. and 19 per cent. of the number on the books. The discharges total 463—men 257, women 206. Of this number, 74 patients were discharged as recovered, 134 as improved, 19 as unimproved, 43 without psychosis, 49 were transferred to other hospitals, and 144 died. Due to the increasing number committed for observation, diagnosis and treatment, there was an increase in the number without psychosis.

During the year ended May 31, 1930, we admitted 36 voluntary patients, which was 7 per cent. of our total admissions. Eighty-six per cent. of our admissions were native born, and 57 per cent. were patients both of whose parents were born in this country. This indicates that we are having a smaller proportion of foreign-born and first generation native-born than in the previous year. Regarding age on admission, we find that 8 per cent. were under 15 years, 9 per cent. were between 15 and 19 years, 18 per cent. between 30 to 39 years and 16 per cent. were 60 years and over.

The following are the percentages in the *various diagnostic groups* calculated on first admissions: Ten per cent. senile and arteriosclerotic; 7 per cent. general paralysis; 15 per cent. manic depressive; 15 per cent. dementia praecox; 12 per cent. mentally defective and epileptic; 12 per cent. alcoholic, this including the psychotic and non-psychotic alcoholics. Fifteen per cent. of our total admissions are recorded as without psychosis, and 11 per cent. as undiagnosed. These percentages depart but slightly from previous years' figures.

Our *discharges*, exclusive of deaths and transfers, numbered 270; of this number, 27 per cent. were recorded as recovered; 50 per cent. improved; 7 per cent. unimproved, and 16 per cent. as without psychosis. Thirteen per cent. of our



total admissions were alcoholic; 26 per cent. manic depressive; 19 per cent. dementia praecox, and as stated, 16 per cent. without psychosis. On a basis of admissions plus readmissions, the percentages are: Alcoholic 7 per cent; manic depressive 14 per cent.; dementia praecox 10 per cent.; without psychosis 8 per cent., and on this basis the total discharges are 52 per cent.; recovered 14 per cent.; unimproved 4 per cent.; improved 26 per cent.; without psychosis 8 per cent.

Our *deaths* figure 27 per cent. of admissions, 10 per cent. of the daily average population, and 7 per cent. of the total under treatment. Our deaths from tuberculosis have increased considerably, numbering 24, or 17 per cent. of the total deaths. 15 per cent. were due to general paralysis; 8 per cent. to myocarditis and endocarditis; 25 per cent. to arteriosclerosis. As previously, we find that four diseases: tuberculosis, arteriosclerosis, myocarditis and general paralysis account for 92 deaths, which is 65 per cent. of our total deaths. Sixteen per cent. of those who died were between the ages of 60 and 69, and 19 per cent. were past 70 years. As regards psychiatric diagnosis, the senile and arteriosclerotic group furnished 25 per cent. of our deaths; general paralysis 15 per cent., and dementia praecox 22 per cent., these three groups contributing 62 per cent. of the total deaths. Twenty-one per cent. of those who died were in the hospital less than one month, and 15 per cent. from one to three months.



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